FORM D

889423

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549





NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING
EXEMPTION

SEC USE ONLY					
Prefix	Serial				
DATE F	RECEIVED				

Name of Offering (check if this is an amendment and name has changed, and indicate change)		_			
SATCON TECHNOLOGY CORPORATION SERIES B CONVERTIBLE PREFERRED STOCK OFFERING					
Filing Under (Check box(es) that apply):] ULOE				
Type of Filing: New Filing Amendment					
A. BASIC IDENTIFICATION DATA					
1. Enter the information requested about the issuer					
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)					
SATCON TECHNOLOGY CORPORATION					
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including	Area Co	de)			
161 First Street, Cambridge, Massachusetts, 02142 (617) 661-054	•				
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including	Area Co	de)			
(if different from Executive Offices) N/A N/A		~~^ C			
Brief Description of Business		್ರದ್ಧವಿರಿದ			
Developer and manufacturer of electronic power control systems					
Type of Business Organization	NOV	182003			
□ corporation □ limited partnership, already formed □ other (please specify):	8400				
☐ business trust ☐ limited partnership, to be formed		OWSON			
Month Year	- 11	ANCIAL			
Actual or Estimated Date of Incorporation or Organization: 0 5 9 2 Actual Estimated					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:					
CN for Canada: FN for other foreign jurisdiction)					

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 C.F.R. 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: FIVE (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			IFICATION DATA		
2. Enter the information r	•	C			
		ier has been organized within	• •		
 Each beneficial ow the issuer; 	ner having the pow	ver to vote or dispose, or dire	ct the vote or disposition of, 10	0% or more of a class	s of equity securities of
 Each executive off 	icers and director o	f corporate issuers and of cor	porate general and managing p	partners of partnersh	ip issuers; and
 Each general and r 	nanaging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner		☑ Director	General and/or Managing Partner
Full Name (Last name first, in	f individual)				
Eisenhaure, David B.					
Business or Residence Addre	ss (Number and Street	, City, State, Zip Code)			
	•	irst Street, Cambridge, Ma	ssachusetts, 02142		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, in	f individual)				
Goldberg, Alan P.					
Business or Residence Addre	ss (Number and Street	, City, State, Zip Code)			
	•	arl Street, #P1, Albany, Nev	v York, 12207		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Turmelle, Michael C.					
Business or Residence Addre	ss (Number and Street	, City, State, Zip Code)			
		irst Street, Cambridge, Ma	ssachusetts, 02142		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Villiotti, Anthony J.					
Business or Residence Addre	ss (Number and Street	, City, State, Zip Code)			
c/o SatCon Technology (Corporation, 161 F	irst Street, Cambridge, Ma	ssachusetts, 02142		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Armstrong, Marshall J.					
Business or Residence Addre	ss (Number and Street	, City, State, Zip Code)			
· · · · · · · · · · · · · · · · · · ·		irst Street, Cambridge, Ma			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Kirtley, James J., Jr.					-
Business or Residence Addre	ss (Number and Street	t, City, State, Zip Code)			
		irst Street, Cambridge, Ma			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Wilson, Gerald L.					
Business or Residence Addre	ss (Number and Street	t, City, State, Zip Code)			
c/o SatCon Technology (Corporation, 161 F	irst Street, Cambridge, Ma	ssachusetts, 02142		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

		A. BASIC IDENT	IFICATION DATA		
3. Enter the information re	equested for the fol			-	
 Each promoter of t 	he issuer, if the issu	er has been organized within	the past five years;		
 Each beneficial ow the issuer; 	ner having the pow	er to vote or dispose, or dire	ct the vote or disposition of, 10	% or more of a class	s of equity securities of
 Each executive off 	icers and director o	f corporate issuers and of cor	porate general and managing p	partners of partnershi	p issuers; and
 Each general and n 	nanaging partner of	partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Norwood, Ralph M.	-				
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			
c/o SatCon Technology C	Corporation, 161 F	irst Street, Cambridge, Ma	ssachusetts, 02142		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Moran, Joseph S.					
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			
c/o SatCon Technology C		irst Street, Cambridge, Ma	ssachusetts, 02142		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	individual)				
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	B. INFORMATION ABOUT OFFERING				
1	Has the issuer said or does the issuer intend to sail to non accordited investors in this off visual	Yes	No		
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.				
2.	What is the minimum investment that will be accepted from any individual?	\$25,00	00		
3.	Does the offering permit joint ownership of a single unit?				
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		_		
Full N	ame (Last name first, if individual)	-			
Burnh	am Hill Partners, a division of Pali Capital, Inc.				
Busine	ss or Residence Address (Number and Street, City, State, Zip Code)				
570 Le	xington Avenue, New York, NY 10022				
Name	of Associated Broker or Dealer				
<u> </u>			<u> </u>		
States	in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		All		
	(CHECK THI States of Check individual States)		ates		
[AL] [ID]		
[IL] X			MO]		
[MT			PA] X		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY ame (Last name first, if individual)] [PR]		
·	ss or Residence Address (Number and Street, City, State, Zip Code) of Associated Broker or Dealer				
States	in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
States	(Check "All States" or check individual States)		All		
		Sta	ates		
[AL			ID]		
[IL			MO]		
[MT			PA] PR]		
	ame (Last name first, if individual)	J [IK j		
Busine	ss or Residence Address (Number and Street, City, State, Zip Code)				
Name	of Associated Broker or Dealer				
States	in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
	(Check "All States" or check individual States)		All		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI		ID]		
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]		
[MT			PA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] {	PR]		

1.	Enter the aggregate offering price of securities included in this offering and the total number already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this	FPRO	CEEDS			
	box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
			ggregate ering Pric	۰,۵	Am	ount Already Sold
	Type of Security		Ü		ф	
	Debt				\$	
	Equity	\$ <u>_7,6</u>	<u> 575,000 </u>		\$ <u>_7</u>	,675,000
	☐ Common ☑ Preferred					
	Convertible Securities (Including warrants)	\$	-0-	-	\$	-0-
	Partnership Interests				\$	-0-
	Other (Specify)	\$	-0-	_	\$	-0-
	Total	\$ <u>7,6</u>	575,000		\$ <u>7</u>	,675,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
		Numb	oer Invest	ors	1	regate Dollar Amount of Purchases
	Accredited Investors		25	_	\$_7	,675,000
	Non-accredited Investors		-0-	_		-0-
				-		
	Total (for filings under Rule 504 only)		-0-	_		-0-
	Answer also in Appendix, Column 4, if filing under ULOE.			_		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
	Type of offering		Type of Security		Do	ollar Amount Sold
	Rule 505		<u>N/A</u>		\$	<u>N/A</u>
	Regulation A		N/A		\$	<u>N/A</u>
	Rule 504		<u>N/A</u>		\$	<u>N/A</u>
	Total		<u>N/A</u>		\$	<u>N/A</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees	• • • • • • • • • • • • • • • • • • • •	•••••		\$	-0-
	Printing and Mailing Costs				\$	-0-
	Legal Fees and Expenses		•••••	\boxtimes	\$ <u>145</u>	5,000
	Accounting Fees				\$	-0
	Engineering Fees				\$	-0-
	Sales Commissions (specify finders' fees separately) (underwriter's, discount, other commissions	s)		\boxtimes	\$ <u>540</u>	0,000
	Rating Agency's Fees and Expenses	······	•••••••		\$	-0-
	Other Expenses (Fees of Broker/Dealer, Auction Agent, Trustee, Eligible Lender Trustee, Dela Servicing Fee, Travel, Directors and Officers Insurance and Miscellaneous)	ware T	rustee,		\$	-0-
	Total			\boxtimes	\$68:	5,000

	C. OFFERING PRICE, NUM	ABER OF INVESTORS, EXPENSES AN	D USE OF PROCEE	DS			
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part of gross proceeds to the issuer."	C - Question 4.a. This difference is the "a	idjusted	\$ <u>6,990,000</u>			
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for check the box to the left of the estimate. The to gross proceeds to the issuer set forth in response to	any purpose is not known, furnish an estimatal of the payments listed must equal the a	ate and	rs, rs & Payments To			
	Salaries and fees		\$0	\$ <u>0-</u>			
	Purchase of real estate			\$ <u>-</u> -0			
	Purchase, rental or leasing and installation of	of machinery and equipment	\$0	- <u> </u>			
	Construction or leasing of plant buildings a	nd facilities	\$0	\$0			
		the value of securities involved in this offer ecurities of another issuer pursuant to a mer		\$ <u>0-</u>			
	Repayment of indebtedness			\$2,000,000			
	Working capital			🛚 \$4,990,000			
	Other (specify): (purchase of trust certificat	e and acquisition fund)	\$0-	\$ <u>-0-</u>			
	Other (specify): (reserve fund)			\$ <u>-0-</u>			
	Other (specify): (debt service fund, distribu	tion to members and other expenses and into	erest)	· \$0-			
	Column Totals			<u>-</u>			
	Total Payments Listed (column totals added)						
		D. FEDERAL SIGNATURE					
an ı	issuer has duly caused this notice to be signed by the undendertaking by the issuer to furnish to the U.S. Securities are accredited investor pursuant to paragraph (b)(2) of Rule 50	ersigned duly authorized person. If this notice is nd Exchange Commission, upon written request of					
Issu	er (Print or Type)	Signature	Date				
Sat	Con Technology Corporation	Oapl in norwood	November 11, 2003	3			
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)					
Rai	nh M. Norwood	Chief Financial Officer					

ATTENTION